

SUMMER/FALL 2010 ADULT SOFTBALL MANAGER'S INFORMATION CARD

MEN'S LEAGUE _____ WOMEN'S LEAGUE _____ CO-ED _____

NAME OF TEAM _____

MANAGER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

Returning Team _____ New Team _____ (Name of team last season) _____

LEAGUE DESIRED:

MENS (WED C) _____ (THURS C/D) _____ (THURS D) _____

COED (MON REC) _____ (TUES C/D) _____ (TUES D) _____ (FRI D/REC) _____

BYE WEEK REQUEST DATE (IF POSSIBLE)

League Fees for Summer/Fall League 2010: \$696.00 per team
Non Resident Rate: \$12.50 per non resident

**City of Mountain View, Recreation Division, Adult Sports League
Credit Card Authorization Form**

I Authorize the use of my ☐ Mastercard ☐ Visa In the amount of \$ _____ for league fees.

Card Number _____ Expiration Date _____

Name as it appears on card _____

Signature _____ Date _____

Team Name _____